

UBMTA IMPLEMENTING LETTER

The purpose of this letter is to provide a record of the material transfer, to memorialize the agreement between the PROVIDER SCIENTIST (identified below) and the RECIPIENT SCIENTIST (identified below) to abide by all terms and conditions of the Uniform Biological Material Transfer Agreement ("UBMTA") published in the Federal Register on March 8, 1995, and to certify that the recipient organization (identified below) has accepted and signed an unmodified copy of the UBMTA. The RECIPIENT ORGANIZATION'S PROVIDER SCIENTISTS are not authorized to certify on behalf of their organizations. The RECIPIENT SCIENTIST (and ORGANIZATION'S Authorized Official of the RECIPIENT, if necessary) should sign both copies of this letter and return one copy to the PROVIDER ORGANIZATION'S Authorized Official. The PROVIDER SCIENTIST will forward the material to the RECIPIENT SCIENTIST upon receipt of the signed copy from the RECIPIENT ORGANIZATION. This Implementing Letter is effective when signed by all parties. The parties executing this Implementing Letter certify that their respective organizations have accepted and signed an unmodified copy of the UBMTA, and further agree to be bound by its terms, for the transfer specified above. Please fill in all of the blank lines below:

1. ORIGINAL MATERIAL (enter description)

2. OPTIONAL TERMINATION DATE _____

3. OPTIONAL TRANSMISSION FEE (to reimburse the PROVIDER for preparation and distribution costs)

Amount: \$ _____

4. PROVIDER ORGANIZATION

- a. Name of Organization: _____
- b. Street Address: _____
- c. City, State, Zip: _____
- d. Name and Title of Authorized Official: _____
- e. Signature of Authorized Official: _____ Date: _____

5. PROVIDER SCIENTIST

- a. Name and Title: _____
- b. Street Address: _____
- c. City, State, Zip: _____
- d. Signature of Provider Scientist: _____ Date: _____

6. RECIPIENT SCIENTIST

- a. Name and Title: _____
- b. Street Address: _____
- c. City, State, Zip: _____
- d. Signature of Recipient Scientist: _____ Date: _____

7. RECIPIENT ORGANIZATION CERTIFICATION

I hereby certify that the RECIPIENT ORGANIZATION had accepted and signed an unmodified copy of the UBMTA (may be the RECIPIENT SCIENTIST if authorized by the RECIPIENT ORGANIZATION).

- a. Name of Organization: _____
- b. Street Address: _____

- c. City, State, Zip: _____
- d. Name and Title of Authorized Official: _____
- e. Signature of Authorized Official: _____ Date: _____